

3-16-04

CASE 4-31253B

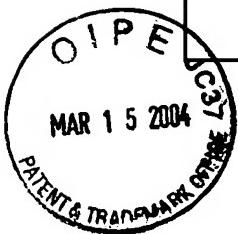
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March 15, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1614

BILLSTEIN ET AL.

APPLICATION NO: 10/702,688

FILED: NOVEMBER 6, 2003

FOR: PHARMACEUTICAL COMBINATIONS AND THEIR USE IN  
TREATING GASTROINTESTINAL AND ABDOMINAL VISCERA  
DISORDERS

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

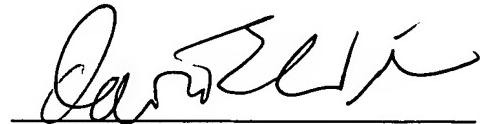
This paper is supplemental to the Information Disclosure Statement filed November 6, 2003. Since Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, no fees are believed to be required under 37 C.F.R. §1.97(b)(3). If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,



David E. Wildman  
Attorney for Applicants  
Reg. No. 40,226

Novartis  
Corporate Intellectual Property  
One Health Plaza, Building 430  
East Hanover, NJ 07936-1080  
(862) 778-7954

Date: March 15, 2004

(Use several sheets if necessary.)



ATTY. DOCKET NO.  
4-31253B  
APPLICATION NO.  
10/702,688  
APPLICANT  
BILLSTEIN ET AL.  
FILING DATE  
NOVEMBER 6, 2003

Group  
1614**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,362,202	3/26/02	Rubin et al.			
	AB	6,353,005	3/5/02	Rubin et al.			
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO
	AM						<input type="checkbox"/> <input type="checkbox"/>
	AN						<input type="checkbox"/> <input type="checkbox"/>
	AO						<input type="checkbox"/> <input type="checkbox"/>
	AP						<input type="checkbox"/> <input type="checkbox"/>
	AQ						<input type="checkbox"/> <input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

**EXAMINER****DATE CONSIDERED**

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.